STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013582	A. BUILDING: _____ B. WING _____	C 06/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF LEBANON	610 CROWNPOINTE DRIVE LEBANON, IN 46052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00199629 and IN00200815. Complaint IN00199629 - Unsubstantiated due to lack of evidence. Complaint IN00200815 - Substantiated. No deficiencies related to the allegations are cited. Survey date: June 24, 2016 Facility number: 013582 Provider number: 013582 AIM number: N/A Census bed type: Residential : 47 Sample: 6 Crownpointe of Lebanon was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00199629 and IN00200815. QR was completed by 99993 on 06/27/16.	R 000		